



**Connecticut Department of
Energy & Environmental Protection**
Office of the Commissioner

Service Discrimination Complaint Form

The State of Connecticut, under Title VI of the Civil Rights Act of 1964 and related statutes, ensures that no person in the State shall, on the grounds of race, color, national origin, disability, gender, or age be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity it administers.

If an individual feels that he or she has been discriminated against on the basis of race, color, national origin, disability, gender, or age, please complete this form and submit it to the address indicated at the end. Print or type unless otherwise noted.

Part I: Complaint Submitter:

Name: _____	
Mailing Address: _____	
City/Town: _____ State: _____ Zip Code: _____	
Phone: _____	
*E-mail: _____	
<p>*By providing this e-mail address you are agreeing to receive official correspondence from the department, at this electronic address, concerning the subject form. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify the department if your e-mail address changes.</p>	
Accessible Format Requirements: <input type="checkbox"/> Large Print <input type="checkbox"/> TDD/TTY <input type="checkbox"/> Other (specify): _____	
Are you filing this complaint on your own behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please skip to Part III	
Relationship to the person alleging discrimination (Aggrieved Party): _____	
Why are you filing on behalf of the Aggrieved Party? _____	
The Aggrieved Party must authorize you to submit the complaint and investigation on his or her behalf. Do you have permission to submit this complaint on behalf of the Aggrieved Party? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II: Aggrieved Party (If different from individual listed in Part I)

Name: _____	
Mailing Address: _____	
City/Town: _____ State: _____ Zip Code: _____	
Phone: _____	
*E-mail: _____	
<p>*By providing this e-mail address you are agreeing to receive official correspondence from the department, at this electronic address, concerning the subject form. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify the department if your e-mail address changes.</p>	
Accessible Format Requirements: <input type="checkbox"/> Large Print <input type="checkbox"/> TDD/TTY <input type="checkbox"/> Other (specify): _____	

Part III: Complaint Details

Which of the following best describes the reason(s) the Aggrieved Party believes the discrimination took place? <input type="checkbox"/> Race/Color <input type="checkbox"/> Disability <input type="checkbox"/> National Origin <input type="checkbox"/> Gender <input type="checkbox"/> Age <input type="checkbox"/> Other: (specify) _____
What date and time did the alleged discrimination take place? Date <u>(mm/dd/yyyy)</u> Time: _____
In detail, explain what happened, where it occurred and who the Aggrieved Party believes was responsible. Include as much identifying and contact information as possible for individuals with knowledge of the alleged discrimination:
<input type="checkbox"/> Check here if additional sheets are necessary, and label and attach them to this sheet.

Part IV: Additional Information

<p>1. Has the Aggrieved Party filed a complaint with any other federal, state or local agency; or federal or state court regarding this matter?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide the following information for each agency and/or court:</p> <p>Agency/Court: _____</p> <p>Contact Name: _____</p> <p>Phone Number: _____ Email Address: _____</p> <p>Agency/Court: _____</p> <p>Contact Name: _____</p> <p>Phone Number: _____ Email Address: _____</p> <p><input type="checkbox"/> Check here if additional sheets are necessary, and label and attach them to this sheet.</p> <p>2. You may attach any written materials or other information that is relevant to this complaint.</p> <p><input type="checkbox"/> Check here if additional information is attached.</p>
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Part V: Certification

<p>"I certify that the information provided on this completed form is true, correct and complete to the best of my knowledge.</p> <p>By entering my name below, I agree that I am providing my legal signature, and am legally bound by the certification above."</p>	
_____ Signature of Complaint Submitter	_____ Date
_____ Printed Name of Complaint Submitter	_____ Title (if applicable)

If this complaint is filed on behalf of another person (identified in Part II), the Aggrieved Party must sign below.

<p>"I certify that the information provided on this completed form is true, correct and complete to the best of my knowledge. I authorize the complaint submitter to submit this complaint and investigation on my behalf.</p> <p>By entering my name below, I agree that I am providing my legal signature, and am legally bound by the certification above."</p>	
_____ Signature of Aggrieved Party	_____ Date
_____ Printed Name of Aggrieved Party	_____ Title (if applicable)

Note: Please submit this completed Complaint Form, and all Supporting Documents to:

DEEP Title VI Designee
Office of the Commissioner
Department of Energy and Environmental Protection
79 Elm Street
Hartford, CT 06106

via e-mail to DEEP.EJ@ct.gov or facsimile to (860)-424-4153